

EPHA Position Statement on Finland's Proposed Alcohol Legislation Amendments (2023/0543/FI)

To whom it may concern,

As the European Public Health Alliance (EPHA), our stance on Finland's recent notification concerning amendments to its alcohol legislation is underpinned by a thorough analysis of European Union treaties, public health data, and precedent cases in member states, particularly Sweden. Our position is crafted to align with the overarching goals of promoting public health, social justice, and sustainable policies within the EU.

I. Alignment with EU Treaties and Obligations

Finland's proposal to permit the sale of domestically produced fruit wines in grocery stores, while restricting similar products from other EU member states to state alcohol retail monopolies, raises significant concerns regarding its compliance with EU treaties. This proposed amendment appears to contravene the spirit of the Treaty on European Union (TEU) and the Treaty on the Functioning of the European Union (TFEU).

Specifically, Article 3 of the TEU emphasizes the Union's commitment to peace, its values, and the wellbeing of its peoples, underscoring the need for social justice, gender equality, intergenerational solidarity, and the protection of children's rights. Moreover, Article 120 of the TFEU dictates that member states should conduct their economic policies to support the Union's objectives, including human health protection. The proposed amendments seem to diverge from these fundamental principles, particularly concerning the wellbeing and health of citizens, including children.

II. Public Health Implications Based on OECD Modelling

The proposed legislative changes in Finland, intended to relax alcohol regulations, ostensibly aim to enhance economic growth and the Finnish population's wellbeing. However, OECD modelling projects a starkly contrasting scenario. It predicts a loss of 1.9 years in health-adjusted life expectancy (HALE) due to alcohol consumption in Finland between 2020 and 2050¹. Moreover, the modelling forecasts a substantial reduction in GDP, estimated at 2.9% annually, attributable to alcohol-related diseases. These figures starkly illustrate the potential negative impact of increased alcohol accessibility on the Finnish economy and public health.

III. Lessons from the Swedish Experience

Sweden's experience with alcohol policy reforms offers an invaluable case study. The country, which has maintained a national alcohol retail monopoly since 1955, underwent a phase where higher alcohol volume beers were sold in grocery stores between 1965 and 1977. This period witnessed an increase in alcohol consumption among youth, followed by a decrease of about 20 percent in consumption,

¹ [OECD Public Health Explorer](#)

hospitalizations with alcohol diagnoses, and motor vehicle accidents among youths when the policy was reversed².

Moreover, a study conducted during an experimental phase in two Swedish counties revealed long-term negative impacts on children born to mothers exposed to increased alcohol availability. These children exhibited lower educational attainments, employment rates, and higher welfare dependency, underscoring the far-reaching consequences of alcohol policy decisions³.

IV. Breach of WHO Commitments

In a letter to the Swedish government, the WHO Europe Regional Director warned of public health risks from deregulating alcohol sales, such as increased alcohol consumption and healthcare burdens. This aligns with the European Framework for Action on Alcohol 2022-2025, advocating for state-operated alcohol outlets to minimize alcohol-related harm. This framework, and insights from global research initiatives like the "Alcohol: No Ordinary Commodity" project, emphasize the effectiveness of state-operated alcohol outlets in mitigating alcohol-related health and social issues. The full letter is provided below for reference [Appendix 1]

V. EPHA's Recommendations

In light of these findings, EPHA strongly advocates for the Finnish government to reconsider its proposed amendments, given their potential discordance with EU treaties, public health objectives, and WHO commitments. We recommend:

1. Upholding stringent controls over alcohol sales, aligned with EU treaties and WHO frameworks.
2. Prioritizing public health and social wellbeing over short-term economic gains in alcohol policy formulation.
3. Considering the long-term societal impacts, particularly on vulnerable populations, from increased alcohol availability.
4. Drawing on lessons from member states like Sweden to inform evidence-based alcohol policy decisions.

In conclusion, EPHA urges the Finnish government to align its alcohol policy with broader EU objectives, which include reducing alcohol consumption in Europe, and public health imperatives, thereby safeguarding the wellbeing of its citizens and upholding its commitments under EU and international frameworks.

Alessandro Gallina, PhD

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European Public Health Alliance (EPHA)



² [2013_engl_youth-and-young-adults-alcohol-and-society-report-en.pdf \(alcoholandsociety.report\)](https://www.alcoholandsociety.report/2013_engl_youth-and-young-adults-alcohol-and-society-report-en.pdf)

³ [2015_engl_second-hand-effects-of-alcohol-consumption-alcohol-and-society-2015-report-en.pdf \(alcoholandsociety.report\)](https://www.alcoholandsociety.report/2015_engl_second-hand-effects-of-alcohol-consumption-alcohol-and-society-2015-report-en.pdf)

[Appendix 1]



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ
WORLD HEALTH ORGANISATION

REGIONAL OFFICE FOR EUROPE
BUREAU RÉGIONAL DE L'EUROPE
REGIONALBÜRO FÜR EUROPA
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Date: 18 July 2023

Mr Jakob Forssmed
Ministry of Health and Social Affairs
The Government Offices
SE-103 33 Stockholm
Sweden

Dear Sir,

At the outset, let me congratulate Sweden on its actions in taking forward evidence-based alcohol policies, including population-level measures with a focus on limiting access to alcohol through the government-owned retail monopoly system Systembolaget. Alcohol consumption and its related burden of disease continue to be responsible for some of the greatest health and societal challenges faced by Member States in the WHO European Region, especially the Member States of the European Union (EU). It is clear that there is no room for complacency in holding firm on evidence-based alcohol policy measures.

With this in mind, I am concerned by reports of discussions that may prompt changes in the current alcohol retail monopoly model. I urge you to consider the public health risks that would be associated with the suggested deregulation through allowing farm sales of alcohol, and the weakening of the monopoly that they will bring. There is compelling evidence to suggest that weakening the government alcohol retail monopoly will result in increased alcohol consumption and harm, with serious public health consequences, leading, for example, to a substantial increase in healthcare costs and pressures on health systems.

The European Framework for Action on Alcohol 2022–2025, which was unanimously adopted by all 53 Member States in 2022, urges Member States to prioritize actions to regulate availability of alcohol, including considering the provision of state-operated alcohol outlets. As emphasized in international research and rating systems such as the global Alcohol: No Ordinary Commodity project, government retail monopoly stores are effective in reducing alcohol availability and health and social problems related to alcohol use.

The WHO Regional Office for Europe stands by you in this important and challenging period and is ready to provide support and advice to Sweden to ensure continued commitment to effective alcohol control policies.

Yours very truly,



Dr Hans Henri P. Kluge
Regional Director